

# Cigna Qualified Benefit Plans

<b>Health Plan Name</b>	<b>Cigna (OAP 1)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02200</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	Variable PCP \$10- \$50 in \$5 increments, Spec Xs2 PCP
<b>Pharmacy</b>	Tier 1 \$15, Tier 2 \$30, Tier 3 \$60

<b>Health Plan Name</b>	<b>Cigna (OAP 2)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02201</b>
<b>Individual Annual Deductible (in-network)</b>	Variable \$250 to \$2500 in \$100 increments.
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25 PCP, \$50 Spec
<b>Pharmacy</b>	Tier 1 \$20, Tier 2 \$40 , Tier 3 \$60

<b>Health Plan Name</b>	<b>Cigna (OAP 3)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02203</b>
<b>Individual Annual Deductible (in-network)</b>	\$1000
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$2000
<b>Office Visit Copay</b>	\$10 PCP, \$20 Spec
<b>Pharmacy</b>	Variable Ranges: Tier 1= \$5-\$20 Tier 2 = \$25-\$60 Tier 3 = \$65-\$100

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<b>Health Plan Name</b>	<b>Cigna (OAP Plan 4)</b>
<b>O-EPIC Health Plan ID</b>	<b>H02202</b>
<b>Individual Annual Deductible (in-network)</b>	\$1500
<b>Individual Annual Out-of-Pocket Maximum (in-network)</b>	\$3000
<b>Office Visit Copay</b>	\$25 PCP , \$50 Spec
<b>Pharmacy</b>	Variable Ranges: Tier 1= \$5-\$20 Tier 2 = \$25-\$60 Tier 3 = \$65-\$100